

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	N	92	1/27/13
RESPONSE FORMALITY REVIEW	BZ	897	02-24-02

### INDEX OF CLAIMS

✓ ..... Rejected  
 ..... Allowed  
 (Through numeral)..... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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11/27/01  
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02/22